

PATENT
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JUN 24 2004

In Re Application
No. 10/017,270For: VOICE RECOGNITION
SYSTEM METHOD AND
APPARATUS

Bi et al.

) Group No. 2655

Examiner: Abebe, Daniel Demelash

Filed: December 14, 2001

OFFICIAL

RESPONSE TO OFFICE ACTIONMail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated March 26, 2004 please amend the above-identified application as indicated below. Claim amendments begin on page 2 and remarks begin on page 7 of this response.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Date: _____

Signature: _____

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Darla D. Kasmedo

(type or print name)

Date: 6/24/04

Signature: _____

Attorney Docket No.: 020121

Customer No.: 23696

1

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 020121
In Re Application of: Ning Bi
Serial Number: 10/017,270
Filed: December 14, 2001
Examiner: Daniel D. Abebe
Group Art Unit: 2655

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	22	20	0	x \$18 =	\$0	
Independent**	4	3	1	x \$86 =	\$86	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$	
EXTENSION FEES				<input type="checkbox"/> One Month	\$110	\$
				<input type="checkbox"/> Two Months	\$420	\$
				<input type="checkbox"/> Three Months	\$950	\$
TERMINAL DISCLAIMER				\$110	\$	
				TOTAL FEE	\$86	

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$86.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 6/24/04

Signature: 

George C. Pappas, Reg. No. 35,065
(858) 651-1306

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

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Depositor's Name: _____
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Date: 6/24/04

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(TRANSAMD.VER1.13-07/30/03)



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JUN 24 2004

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Facsimile Transmittal

DATE: June 24, 2004
TO: USPTO
ATTN: EXAMINER Daniel D. Abebe
RE: Serial No. 10/017,270
FAX : (703) 872-9306
FROM: George C. Pappas

Number of Pages Sent: 10 (including this transmittal cover sheet)

ATTACHED HERETO IS AN AMENDMENT TRANSMITTAL FORM IN
(1) PAGE; AND AN AMENDMENT IN (8) PAGES. PLEASE CALL ME
IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number
(703) 872-9306. Attention Office of Amendments, on:

6/24/04

(Date of Deposit)

Darla D. Kasmedo

(Name of the Person Making the Deposit)

(Signature)